CONTINUED GROUP INSURANCE SYSTEM (CGIS) PREMIUM RATES FOR EMPLOYEE GROUPS – EFFECTIVE OCTOBER 1, 2006

			MONTHLY PREMIUM	
			Leave/Layoff	COBRA
			(100%)	(102%)
HAEX	State Health Plan PPO			
	Applicant Only		\$491.31	\$501.14
	Applicant & Spouse		\$982.62	\$1,002.27
	Applicant & Children		\$864.71	\$882.00
	Full Family		\$1,356.00	\$1,383.11
	Applicant Only w/Medicare		\$466.74	\$476.07
	Applicant & Spouse w/Medica		\$933.48	\$952.15
	Applicant w/Medicare & Childr	en	\$821.46	\$837.89
	Full Family w/Medicare		\$1,288.20	\$1,313.96
H2F0	Catastrophic Health			
	Applicant Only		\$34.26	\$34.94
	Applicant & Spouse		\$68.51	\$69.88
	Applicant & Children		\$68.51	\$69.88
	Full Family		\$68.51	\$69.88
VBWO	State Vision Plan			
	Applicant Only		\$6.08	\$6.20
	Applicant & Spouse		\$10.67	\$10.89
	Applicant & Children		\$13.04	\$13.30
	Full Family		\$17.67	\$18.02
DBEX	State Dental Plan			
	Applicant Only		\$40.62	\$41.43
	Applicant & Spouse		\$74.13	\$75.62
	Applicant & Children		\$90.28	\$92.09
	Full Family		\$123.67	\$126.14
DP00	Preventive Dental Plan			
	Applicant Only		\$6.48	\$6.61
	Applicant & Spouse		\$11.29	\$11.51
	Applicant & Children		\$11.29	\$11.51
	Full Family		\$16.08	\$16.40
DMEX	Midwest Dental (DMO)			
	Applicant Only		\$34.65	\$35.34
	Applicant & Spouse		\$34.65	\$35.34
	Applicant & Children		\$34.65	\$35.34
	Full Family		\$34.65	\$35.34
LUK/LRK Emp. Life Only (Fire & Rescue Employees Only)		56¢/\$1,000	(n/a)	
LUS/LUT/LRS Employee Life (Only)		Plan E	46¢/\$1,000	(n/a)
Dependent Life Options				
Sp \$ 1,500 &/or Ch \$ 1,000		Plan F	\$0.43	(n/a)
Sp \$ 5,000 &/or Ch \$ 2,500		Plan G	\$1.30	(n/a)
Sp \$10,000 &/or Ch \$ 5,000		Plan H	\$2.60	(n/a)
Sp \$25,000 &/or Ch \$10,000		Plan K	\$8.67	(n/a)
Child(ren) Only \$10,000		Plan L	\$1.63	(n/a)

		MONTHLY P	MONTHLY PREMIUM	
		Leave/Layoff	COBRA	
		(100%)	(102%)	
HCEX	BCN Mid Michigan			
	Applicant Only	\$416.97	\$425.31	
	Applicant & Spouse	\$833.96	\$850.64	
	Applicant & Children	\$733.88	\$748.56	
	Full Family	\$1,150.86	\$1,173.88	
HD00	BCN of East Michigan			
	Applicant Only	\$397.61	\$405.56	
	Applicant & Spouse	\$795.20	\$811.10	
	Applicant & Children	\$699.78	\$713.78	
	Full Family	\$1,097.38	\$1,119.33	
HP00	BCN Great Lakes West			
	Applicant Only	\$414.39	\$422.68	
	Applicant & Spouse	\$828.76	\$845.34	
	Applicant & Children	\$729.32	\$743.91	
	Full Family	\$1,143.70	\$1,166.57	
HX00	BCN of SE Michigan			
	Applicant Only	\$398.91	\$406.89	
	Applicant & Spouse	\$797.83	\$813.79	
	Applicant & Children	\$702.08	\$716.12	
	Full Family	\$1,100.99	\$1,123.01	
HZ00	Care Choices (Ann Arbor)			
	Applicant Only	\$443.64	\$452.51	
	Applicant & Spouse	\$887.28	\$905.03	
	Applicant & Children	\$780.81	\$796.43	
	Full Family	\$1,224.45	\$1,248.94	
HN00	Grand Valley Health Plan	Ψ1,221.10	Ψ1,210.01	
	Applicant Only	\$411.28	\$419.51	
	Applicant & Spouse	\$822.56	\$839.01	
	Applicant & Children	\$723.85	\$738.33	
	Full Family	\$1,135.13	\$1,157.83	
HI00	Health Alliance Plan		. ,	
	Applicant Only	\$395.86	\$403.78	
	Applicant & Spouse	\$795.13	\$811.03	
	Applicant & Children	\$699.31	\$713.30	
	Full Family	\$1,098.58	\$1,120.55	
HJ00	Health Plus of Michigan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+ /	
	Applicant Only	\$428.30	\$436.87	
	Applicant & Spouse	\$856.60	\$873.73	
	Applicant & Children	\$753.81	\$768.89	
	Full Family	\$1,182.11	\$1,205.75	

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		MONTHLY I	MONTHLY PREMIUM	
		Leave/Layoff	COBRA	
		(100%)	(102%)	
H5F0	M-Care HMO			
	Applicant Only	\$403.54	\$411.61	
	Applicant & Spouse	\$807.09	\$823.23	
	Applicant & Children	\$710.23	\$724.43	
	Full Family	\$1,113.78	\$1,136.06	
HMCL	McLaren Health Plan			
	Applicant Only	\$395.02	\$402.92	
	Applicant & Spouse	\$790.04	\$805.84	
	Applicant & Children	\$695.24	\$709.14	
	Full Family	\$1,090.26	\$1,112.07	
HMEX	Physicians Health Plan - Lansing			
	Applicant Only	\$465.49	\$474.80	
	Applicant & Spouse	\$927.31	\$945.86	
	Applicant & Children	\$815.22	\$831.52	
	Full Family	\$1,279.04	\$1,304.62	
HOEX	Physicians Health Plan - Jackson			
	Applicant Only	\$478.68	\$488.25	
	Applicant & Spouse	\$957.34	\$976.48	
	Applicant & Children	\$842.46	\$859.30	
	Full Family	\$1,321.13	\$1,347.56	
HF00	Priority Health Plan			
	Applicant Only	\$413.82	\$422.10	
	Applicant & Spouse	\$827.66	\$844.21	
	Applicant & Children	\$728.31	\$742.88	
	Full Family	\$1,142.20	\$1,165.04	
HL00	Total Health Care			
	Applicant Only	\$273.80	\$279.28	
	Applicant & Spouse	\$629.74	\$642.33	
	Applicant & Children	\$520.22	\$530.62	
	Full Family	\$739.26	\$754.05	